

# Fiscal Service PKI Support Nomination

(Print Clearly Or Type All Information Except Signature)

## (Block 1)

## Nomination Type

I nominate the individual named in Block 2 to be (choose one):

☐ Fiscal Sponsoring Authority (Must be nominated by an individual at the nominee's Federal Program Agency who is designated as Head of Agency or Fiscal Sponsoring Authority for Treasury Fiscal Service PKI business systems.)

☐ Trusted Registration Agent (Must be nominated by an individual at the nominee's Federal Program Agency who is designated as Head of Agency or Fiscal Sponsoring Authority for Treasury Fiscal Service PKI business systems. Fiscal Business Customers may nominate Fiscal Service employees.)

## (Block 2)

## FSA / TRA Nominee Information

FSA/TRA First Name (Full Legal Name Required)	Middle Name	Last Name	Generation Identifier (Jr., Sr., III, etc.)
Organization Name (Agency/Bureau)		Work E-Mail Address	
Organization Street Address (include room # and/or mail stop)			
City	State	Zip Code	Country Name
Work Phone Number		Work FAX Number	

Business Systems Requiring Nomination:

I certify that the information, statements and representations provided by me on this form are true and accurate to the best of my knowledge. I understand that a willfully false certification is a criminal offense and is punishable by law (18 U.S.C. 1001).

\_\_\_\_\_  
FSA/TRA Nominee Signature

\_\_\_\_\_  
Date (mm/dd/yyyy)

## (Block 3)

## Nominating Official Information

Nominator Title (Select one):

☐ Head of Agency (HOA) ☐ Fiscal Sponsoring Authority (FSA) ☐ Fiscal Business Customer (FBC)

HOA/FSA/Other First Name (Full Legal Name Required)	Middle Name	Last Name	Generation Identifier (Jr., Sr., III, etc.)
Organization Name (Agency/Bureau)		Work E-Mail Address	
Organization Street Address (include room # and/or mail stop)			
City	State	Zip Code	Country Name
Work Phone Number		Work FAX Number	

I certify that the information, statements and representations provided by me on this form are true and accurate to the best of my knowledge. I understand that a willfully false certification is a criminal offense and is punishable by law (18 U.S.C. 1001).

\_\_\_\_\_  
Nominating Official Signature

\_\_\_\_\_  
Date (mm/dd/yyyy)

## (Block 4)

## Fiscal Business Customer (FBC) Approval

FBC First Name (Full Legal Name Required)	Middle Name	Last Name	Generation Qualifier (Jr., Sr., III, etc.)
Organization Name (Agency/Bureau)		Work E-Mail Address	Work Phone Number

I certify that the information, statements and representations provided by me on this form are true and accurate to the best of my knowledge.

\_\_\_\_\_  
FBC Official Signature

\_\_\_\_\_  
Date (mm/dd/yyyy)

\_\_\_\_\_  
Time (hh:mm) (24 hour format)

AUGUST 4, 2004